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**PEDIATRIC ALLERGIC REACTION**  
**(Birth to 14 Years of Age)**

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**FIELD ASSESSMENT /TREATMENT INDICATORS**

Signs and Symptoms of an Acute Allergic Reaction

History of Exposure to Possible Allergen

**BLS INTERVENTIONS**

1. Recognize s/s of respiratory distress for age
2. Reduce anxiety, assist patient to assume POC
3. Oxygen administration as clinically indicated, (humidified oxygen preferred)
4. Assist patient with self-administration of prescribed Epinephrine device
5. Assist patient with self-administration of prescribed Diphenhydramine

**ALS INTERVENTIONS**

1. Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible
2. Cardiac monitor
3. Nebulized Albuterol 2.5 mg via hand held/blow by, may repeat
4. If no response to Albuterol, consider Epinephrine (1:1000) 0.01mg/kg SC not to exceed adult dosage of 0.3mg
5. Obtain vascular access at a TKO rate.
6. For symptomatic hypotension with poor perfusion, consider fluid bolus of 20ml/kg of NS not to exceed 300ml NS and repeat as indicated.
7. Diphenhydramine 1mg/kg slow IV or 2 mg/kg IM, not to exceed adult dose of 25mg IV/IO or 50mg IM.
8. Establish additional IV access if indicated
9. For anaphylactic shock (e.g., no palpable radial pulse and a depressed level of consciousness) administer epinephrine dose 0.01mg/kg (1:10,000) IV/IO up to 0.05 mg/kg
10. Nebulized Albuterol 2.5 mg in 3 ml, NS with Atropine 0.4 mg may be given in the third dose with Base Hospital Contact only
11. Base Hospital may order additional medication dosages and additional fluid boluses